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ABSTRACT

Definitions of stress all imply that stress is a condition resulting from some change or imbalance that requires individual adjustment. When this does not occur, stress becomes an adverse condition which may eventually cause serious harm. Numerous studies have established the connection between unrelieved stress and adverse body reactions such as cardiovascular disorders, cancer, arthritis, respiratory ailments, and depression. The ineffectiveness of the traditional medical model in alleviating stress has given rise to newer models of health care focusing on wellness rather than the absence of disease. It has become increasingly important for individuals to incorporate anti-stress practices into everyday routines. By focusing on primary prevention, the school psychologist can serve as a valid role model to children and others in the school system. School-based workshops could be developed for teachers, families, and the community. (This paper concludes with eight hand-outs listing definitions of stress, the effects of stress, the physical, behavioral and psychological/emotional signs of stress, the consequences or effects of prolonged stress, and relaxation techniques. A selected bibliography dealing with stress, stress management, relaxation, and time management is also included). (JAC)

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OVERVIEW OF STRESS EFFECTS ON BODY AND STRESS PREVENTION TECHNIQUES[1]

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In this presentation, I will discuss the topic of stress. I will focus on two areas: consequences or effects of stress on the body and methods and techniques for preventing adverse outcomes of stress. Also, I will note some definitions of stress and highlight why the topic is of such significance currently. Last, I will mention some ways I see the school psychologist fitting into the stress area both personally and in professional practice.

Looking over the various definitions of stress (Handout 1), they all imply that stress is a condition resulting from some change or imbalance that an individual must adjust to. It is through the adjustment or adaptation stage that the pressure or force of stress is relieved and the person returned to a state of balance. When this does not occur, when stress pushing on a person from whatever source doesn't get relieved, stress becomes an adverse condition which may eventually cause the individual serious harm.

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As civilizations have advanced, this notion of unrelieved stress resulting in harmful conditions for the individual becomes singularly important. For example, early man could usually react to and adapt to a variety of stressors, from the environment, interpersonal conflicts, etc., with immediacy by fleeing or fighting. While today, in our more complex civilized society, the ready "fight or flight" response often is inappropriate, so adjustment to stress does not occur very quickly, many times not at all, the pressure of stress remaining with the individual, the body maintaining a condition of imbalance.

Numerous studies have clearly established the connection between unrelieved conditions of stress and adverse body reactions. This is very apparent when viewing patterns of disease. For example, while, as a result of the development of antibiotics and vaccines, most infectious diseases like cholera, tuberculosis, dysentery, pneumonia, polio, and typhoid have been greatly reduced, disorders that stress researcher Kenneth Pelletier refers to as the "afflictions of civilization" (cardiovascular disorders, cancer, arthritis, respiratory ailments like emphysema and bronchitis, and depression) have significantly increased. Regarding the two most prevalent causes of death and disability in the United States today, cardiovascular disease and cancer, Pelletier says that up to 80% are "premature", meaning that these disorders occur in relatively young individuals and are closely related to negative life style behaviors-smoking, improper diet and exercise and undetected hypertension.

The rising incidence of stress related disorders suggests that the

traditional medical model-an allopathic model focusing on disease and relying primarily on drug and surgical intervention-has been ineffective. A look at Handout 2 gives some indication of the immensity of this problem in terms of the number of yearly disorders in cardiovascular and gastrointestinal areas, amounts of prescribed drugs and the dollar value involved.

The scope of the problem of continuously increasing stress related disorders and ineffectual treatment models have given rise to newer models of health care and entirely altered ways of viewing disease and intervention. For example, the traditional allopathic medical model is being countered more and more with a holistic model, one that places a focus on wellness, self responsibility of the client, the importance of the mind/body connection in disease and health, and the total lifestyle of the individual rather than a narrow focusing on isolated symptoms. Current concepts of health and wellness go far beyond absence of disease viewpoints. The new disciplines of health psychology and behavioral medicine are promoting such altered stances within the scientific community, much current research being done in health promotion areas.

Most wellness models place an emphasis on optimum health of the individual rather than just absence of disease or symptoms of disorder. Donald Ardell, for example, presents a three-fold approach to a wellness orientation, involving:

1.) facilitating increased awareness of body states,

2.) achieving "voluntary" or conscious control of all the body and mind systems so that anti-stress responses become automatic for the individual and,

3.) using a variety of body/mind relaxation techniques in everyday life so that a balanced condition results in the body, mind, spiritual and environmental aspects of the individual.

There are a number of ways to assess the presence and intensity of stress in one's life. For example, there are quite a number of self assessment inventories, questionnaires and symptom check lists available for personal use. Biofeedback technology has contributed much to increasing awareness of internal conditions of the body when in stressful and relaxed states. All these methods are designed to help a person to distinguish between stressful and relaxed conditions so that necessary intervention may take place before stress becomes harmful. In your Handouts 3 through 5, I've included a number of physical, behavioral and emotional indicators of the presence of stress. By increasing your conscious awareness of these various signs of stress, you will be in a better position to prevent adverse effects of stress from happening in the first place.

In Handout 6, I've focused on the adverse effects of prolonged, unrelieved stress on various body systems. It's important to note tnat all of the body's systems go into action when confronted with a stressor. For example, starting with the brain, the cerebral cortex first makes a decision regarding the stressor (how much a threat it is, ways it can be dealt with, etc.) and given that it perceives a stressor is present, the nervous system, stimulated by the hypothalamus, immediately activates for the fight or flight response, causing profound changes in the body, such as markedly increased heart rate, pupillary dilation, expanded

bronchial tubes for increased respiration, release of glucose from the liver for more energy and a significantly increased basal metabolic rate. Next, the endocrine system activates, pouring hormones like cortisol, epinephrine and norepinephrine from the adrenal glands and thyroxin from the thyroid into the bloodstream, further increasing all the body's reactions initially stimulated by the nervous system. The effects of hormonal stimulation last up to ten times longer than nerve activation however, so if the stress goes unrelieved or is at a very intense level, the body in a stressed condition eventually weakens and becomes susceptible to disease. As I noted previously regarding incidence, the cardiovascular system appears to be particularly vulnerable. Similarly, all of the other major systems of the body-gastrointestinal, muscular and skeletal, respiratory and skin-are also susceptible to adverse conditions resulting from unabated stress. In Handout 6, I've listed a number of examples of concrete disorders that could result in each body system area, as well as disorders elsewhere in the body.

With the recent dramatic increases in stress disorders, adaptation, or ways of counteracting adverse effects of stress, becomes essential to one's well being. Because modern life presents numerous daily stressors from physical, environmental, organizational, interpersonal and intrapersonal sources, stressors that often are beyond any personal control, it is important for the individual to incorporate anti-stress practices into everyday routines. It is only through consistent, conscientious practice of relaxation techniques that balance and wellness can be maintained in one's life.

Regarding ways to counter the deleterious effects of stress, numerous techniques are currently available. In Handout 7, I've presented all the various anti-stress methods, dividing them into two major areas, depending upon whether the focus is primarily on physical or environmental aspects or on cognitive, affective or behavioral aspects. I've given a brief description of the techniques and in Handout 8, noted relevant current reference sources for most areas. Again, recalling Ardell's wellness orientation, it is important to keep in mind that one should experiment with a broad variety of the techniques and determine which ones can be fit conveniently into the individual's life style. Also, as Ardell has noted, the techniques need to be practiced consistently to a level where they become automatic in a person's life-that is, stressors come to serve as stimulus cues to turn on anti-stress behaviors.

After looking over the many relaxation techniques, I would encourage you to do a serious assessment of your own current life style, to obtain a current baseline of where you're at regarding daily and frequent use of the methods. If your baseline level is presently low, make an agreement with yourself to begin doing something immediately-your health and well being depend upon it.

Incorporation of various relaxation techniques into one's own personal life enables the school psychologist to serve as a valid model to children and others in the school system where employed. Also, personal application facilitates greater credibility regarding an instructional role for the school psychologist. Health and wellness promotion with a focus on stress and relaxation has become a very viable role and function

area, resulting in more visibility and increased services to considerably larger numbers of clients. The school psychologist in such a role may carry out school-wide health behavior assessments and subsequently, design and implement appropriate intervention programs.

Expanding the role of the school psychologist into primary prevention areas for children, with programs focusing on stress and relaxation techniques, is well supported empirically. For example, it is accepted that most behavior patterns are learned quite early in life and tend to be consolidated during adolescence with the formation of a stable identity. Consequently, teaching children and adolescents health engendering behaviors would facilitate healthier life-long patterns and consequently improve the health of the nation significantly over time. Second, considerable physiological evidence has accumulated to show that risk factors for chronic diseases, particularly cardiovascular, begin to appear in childhood and adolescence. In studies from recent wars (Korea and Viet Nam), autopsies on young soldiers in late teens and early twenties have revealed the beginnings of atherosclerosis (hardening of the arteries) in significantly large numbers. Also, numerous studies have demonstrated successful application of peer helping models for school children of all ages. In this regard, the school psychologist could develop large-scale generative models, teaching skills and techniques to core groups of children who would in turn disseminate skills to larger numbers of peers.

In a similar manner, the school psychologist could function in a facilitative role for teachers and related school personnel. Recent studies have indicated significant levels of school related stress in

teachers, contributing to burnout and a wide variety of physical, emotional and behavioral complaints. Consequently, school based in-service workshops, designed in an interactive, on-going basis, could be developed for skill training in teachers who, in turn, could disseminate their new learnings and behaviors to others inside and outside the system. Ideally, the school psychologist could become a central figure in the integration of school, family and community in the development of many health promoting activities.

In summary, with the advancement and complexity of modern civilization, large-scale stress has become an unavoidable condition. If not purposely counteracted with relaxation, unrelieved stress causes many different disorders in the body, in extreme forms leading to serious disability or death. It is suggested that individuals adopt a wellness life style orientation through daily and frequent practice of a variety of relaxation techniques. The school psychologist is in an optimal position to facilitate health promotion for large numbers of children, related educational personnel and, through generative models, the larger community.

HANDOUT 1

JOHN MCMANUS

DEFINITIONS OF STRESS

1.) WEBSTER'S DICTIONARY

A CONSTRAINING FORCE OR INFLUENCE

A FORCE EXERTED WHEN ONE BODY OR BODY PART PRESSES ON, PULLS ON, PUSHES AGAINST, OR TENDS TO COMPRESS OR TWIST ANOTHER BODY OR BODY PART

A PHYSICAL, CHEMICAL, OR EMOTIONAL FACTOR THAT CAUSES BODILY OR MENTAL TENSION AND MAY BE A FACTOR IN DISEASE CAUSATION

2.) MARTHA DAVIS, MATTHEW MCKAY AND ELIZABETH ESHELMAN (1982)

ANY CHANGE THAT A PERSON MUST ADJUST TO, WHETHER SEEN AS GOOD OR BAD (EUSTRESS OR DISTRESS)

3.) JERROLD GREENBERG (1983)

THE COMBINATION OF A STRESSOR AND STRESS REACTIVITY

STRESSOR: STIMULUS WITH THE POTENTIAL OF TRIGGERING THE "FIGHT OR FLIGHT" RESPONSE

STRESS REACTIVITY: THE "FIGHT OR FLIGHT" RESPONSE

4.) PHIL NUERNBERGER (1981)

STATE OF INTERNAL IMBALANCE, REFLECTING THE UNRELIEVED DOMINANCE OF EITHER AROUSAL OR INHIBITION- WHICH LEADS TO IMPAIRED PHYSIOLOGICAL AND/OR MENTAL FUNCTIONING

"FREEDOM FROM STRESS"= MAINTENANCE OF NEUROLOGICAL BALANCE

5.) HANS SELYE (1975)

RATE OF WEAR AND TEAR ON THE BODY

THE NONSPECIFIC RESPONSE OF THE BODY TO ANY DEMAND MADE UPON IT

HANDOUT 2

JOHN MCMANUS

EFFECTS OF STRESS

IN THE AREAS OF

DISORDERS - DRUGS - DOLLARS

DISORDERS

30 MILLION- SOME FORM OF MAJOR HEART OR BLOOD VESSEL DISEASE

1 MILLION- HEART ATTACKS EACH YEAR

25 MILLION- HIGH BLOOD PRESSURE

8 MILLION- ULCERS

12 MILLION ALCOHOLICS

DRUGS

5 BILLION- DOSES OF TRANQUILIZERS PRESCRIBED EACH YEAR

3 BILLION- DOSES OF AMPHETAMINES PRESCRIBED EACH YEAR

5 BILLION- DOSES OF BARBITUATES PRESCRIBED EACH YEAR

DOLLARS

$19.4 BILLION- LOST BY AMERICAN INDUSTRY DUE TO PREMATURE EMPLOYEE DEATH

$15.6 BILLION- LOST BY AMERICAN INDUSTRY DUE TO ALCOHOLISM

$700 MILLION- SPENT EACH YEAR TO RECRUIT REPLACEMENTS FOR EXECUTIVES WITH HEART DISEASE

FROM: EDWARD A. CHARLESWORTH AND RONALD G. NATHAN (1982)

HANDOUT 3

JOHN MCMANUS

PHYSICAL SIGNS OF STRESS

ABNORMAL BREATHING- SHORTNESS OF BREATH, RAPID/ERRATIC/SHALLOW BREATHING, DIFFICULTY TAKING A DEEP BREATH

BLUSHING

BRAIN WAVE ALTERATION

BRUXISM (GRINDING OF TEETH)

CLENCHING OF JAW (TIGHT JAW)

COLD HANDS AND FEET (BLOOD SUPPLY SHIFTED TO MUSCLES)

DRYNESS OF THROAT OR MOUTH, LUMP IN THROAT

GOOSEBUMPS

HOT AND COLD FLASHES

INCREASED HEART RATE- POUNDING OF HEART, ELEVATED BLOOD PRESSURE, PALPITATIONS

INCREASED NEURAL EXCITABILITY

INCREASED PERSPIRATION- SWEATY HANDS AND ARMPITS

INCREASED RELEASE OF HYDROCHLORIC ACID IN THE STOMACH

INCREASED SODIUM RETENTION

MUSCLE TENSION- TIGHT MUSCLES, SORENESS IN MUSCLES, PAIN IN NECK/SHOULDERS/BACK, BRACING (UNNECESSARY MUSCULAR CONTRACTIONS)

PUPILS DILATED

SHUT DOWN OF DIGESTIVE SYSTEM

TREMORS, SHAKINESS

WEAKNESS IN DIFFERENT PARTS OF THE BODY

HANDOUT 4

JOHN MCMANUS

BEHAVIORAL SIGNS OF STRESS

ACCIDENT PRONENESS

DIFFICULTY IN SPEAKING (LACK OF CONTROL IN BREATHING)

DYSPONETIC MOVEMENTS- TICS, ITCHING, SCRATCHING, NAIL BITING, FINGER NAIL OR LIP BITING, PINCHING LIPS OR EARS, TWIRLING HAIR, DRUMMING FINGERS, TWITCHES, MUSCLE SPASMS

FREQUENT URINATION

HYPERKINESIS (HYPERMOBILITY)

INABILITY TO CONCENTRATE, FORGETFULNESS, DISORGANIZATION, INDECISIVENESS, UNCLEAR PERCEPTIONS, ABSENTMINDEDNESS, DAY DREAMING, UNPRODUCTIVENESS, MAKING FREQUENT FOOLISH ERRORS, MIND GOING BLANK, OVERPERSISTENT THOUGHTS (OBSESSIVE THINKING)

INCREASED CRAVINGS- SMOKING, EATING (PARTICULARLY SWEETS), DRINKING (PARTICULARLY COFFEE AND OTHER CAFFEINE DRINKS), DRUG USE

INCREASED DIFFICULTY WITH JOB

INCREASED NEGATIVISTIC BEHAVIORS- YELLING, BLAMING/OVERCRITICAL OF OTHERS, ARGUMENTATIVE/GROUCHY TOWARD OTHERS

INCREASED USE OF MEDICINE- EG., ASPIRIN, TRANQUILIZERS, AMPHETAMINES

HANDOUT 5

JOHN MCMANUS

PSYCHOLOGICAL/EMOTIONAL SIGNS OF STRESS

APATHY, LACK OF INTEREST, WITHDRAWAL, FEELING OF INFERIORITY/WORTHLESSNESS/ INADEQUACY/REJECTION

BAD DREAMS, RECURRENT DREAMS, NIGHTMARES, FEELINGS OF UNREALITY

DEPRESSION, MOODINESS, MUCH TIME SPENT DWELLING ON PROBLEMS

EMOTIONALLY TENSE REACTIONS- "KEYED-UP" MANNER, NERVOUSNESS, STARTLE EASILY, FIDGETING

EXCESSIVE WORRYING

"FREE FLOATING" ANXIETY

IMPULSIVENESS, IMPATIENCE

INCREASED PHOBIAS AND FEARS

IRRITABILITY, ABRASIVENESS, QUICK TO ANGER/TEMPER OUTBURSTS

LACK OF HUMOR, NEGATIVE ATTITUDE, SUSPICIOUSNESS

NERVOUS OR INAPPROPRIATE LAUGHTER

URGES TO CRY OR TO RUN AND HIDE

HANDOUT 6

JOHN MCMANUS

CONSEQUENCES OR EFFECTS OF PROLONGED STRESS

BODILY REACTIONS AND EXAMPLES OF CONCRETE DISORDERS

BRAIN (CEREBRAL CORTEX AND SUBCORTEX) AND NERVOUS SYSTEM- HYPERACTIVITY, MULTIPLE SCLEROSIS, STROKE

CARDIOVASCULAR SYSTEM- APOPLEXY (STROKE/PARALYSIS), ARTERIOSCLEROSIS, ATHEROSCLEROSIS, BLOOD VESSEL DAMAGE, HYPERTENSION (HIGH BLOOD PRESSURE), MYOCARDIAL INFARCTION (HEART ATTACK), PAINS IN HEART/CHEST/SHOULDER

ENDOCRINE SYSTEM- THYROID PROBLEMS

GASTROINTESTINAL TRACT- CONSTIPATION, DIARRHEA, GASTRITIS, LOSS OF APPETITE OR EXCESSIVE APPETITE (OBESITY), NAUSEA, SHARP ABDOMINAL PAINS, SPASTIC COLON, ULCERS, VAGUE STOMACH DISTRESS

MUSCULO-SKELETAL SYSTEM- LOWER BACK PAIN OR CHRONIC PAIN ANYWHERE

RESPIRATORY SYSTEM- BRONCHIAL ASTHMA, EMPHYSEMA, HAY FEVER/STUFFY SINUSES (INCREASED ALLERGIES), HYPERVENTILATION

SKIN SYSTEM- ACNE, COLD SORES, DANDRUFF, ECZEMA (ITCHING), PSORIASIS, URTICARIA (HIVES)

CONSEQUENCES IN VARIOUS OTHER BODY LOCALITIES:

CANCER

DEATH- END RESULT OF PROLONGED, INTENSE STRESS

FATIGUE, LACK OF ENERGY, FAINTNESS, DIZZINESS

HEADACHES- MIGRAINE OR MUSCLE CONTRACTION

RHEUMATOID ARTHRITIS

SEXUAL DISTURBANCES- IMPOTENCE, MENSTRUAL IRREGULARITY

SLEEP DISTURBANCES- INSOMNIA, THOUGHTS RACING PREVENTING SLEEP, WAKING UP EARLY AND UNABLE TO RETURN TO SLEEP, WAKING UP OFTEN DURING THE NIGHT

SPEECH DISTURBANCES- RAPID SPEECH PATTERNS, STUTTERING

HANDOUT 7

JOHN MCMANUS

RELAXATION TECHNIQUES

PHYSICAL (BODY)- ENVIRONMENTAL FOCUS

1.) BODY AWARENESS-methods to increase awareness that too much stress is present and adversely affecting the body

Body Scanning- pausing to tune into the body from top to bottom, noting any areas of discomfort

Self Assessment Devices-eg., life event inventories, stress coping behaviors checklists, stress rating scales, stress symptoms checksheets

Biofeedback Technology-electroencephalogram (EEG) training, eletromiogram (EMG) training, galvanic skin response (GSR) training, heart rate training, thermograph (temperature) training

2.) BREATHING-diaphrammatic, as opposed to thoracic, and related types of "complete breathing" in order to increase oxygenation and energy to all body cells

3.) PROGRESSIVE MUSCLE RELAXATION-learning to discriminate between sensations of muscular tension and relaxation in the skeletal muscle system

Active PMR-tensing and relaxing muscle groups in a progressive fashion

Passive PMR-progressive body relaxation without active tensing and relaxing of muscles involved

4.) SELF HYPNOSIS-total body relaxation combined with "suggestion"

5.) AUTOGENIC TRAINING-specific hypnotic techniques focusing on suggestions of warmth and heaviness (and related themes) to return a distressed body to a relaxed state

6.) VISUALIZATION TECHNIQUES-creating and using mental imagery to increase relaxation and well-being

7.) MEDITATION-a process of focusing uncritically on one thing at a time

Egs. of types: Contemplation
Relaxation Response
Sensory Awareness
Visual Focal Point

8.) YOGA-a wellness system focusing on the body and life style

Hatha-body postures (asanas) and stretching exercises

Meditational-a total life orientation including meditational processes, balanced nutrition and life style orientations

9.) PHYSICAL EXERCISE-body movement in a broad variety of forms

Egs. of types:

- Aerobics
- Bouncing/Jumping
- Calisthenics
- Dancing
- Isometrics
- Isotonics
- Shaking
- Stretching
- Walking

10.) BODY WORK ORIENTATIONS-stem from the theoretical position that all stress related disorders manifest themselves in the musculo-skeletal system and consequently a direct focus on these two body systems will promote psychological, physical and spiritual wellness

10a.) PSYCHOTHERAPY APPROACHES FOCUSING ON BODY MOVEMENT AND SKELETAL REALIGNMENT

Alexander Technique-guided body movements and massage to improve total body alignment

Bioenergetics-developed from Reichian Therapy, placing more emphasis on various physical postures utilized to energize different parts of the body

Feldenkrais-system including four major components of action (movement, sensation, feeling and thought); involves simple body manipulations and exercises to effect changes in the motor cortex which subsequently affects muscular patterns and the thoughts and feelings associated with them

Mensendieck-similar to Alexander, a series of exercises to free the body for greater movement

Muscular Therapy-includes exercises from Alexander, Bioenergetics and Reichian, involving massage, postural alignment and re-education of the body in movement

Reichian Therapy-employs a series of body manipulations to release blocked sexual energy, including, for example, deep breathing, repeated screaming and deep tissue manipulation while the patient "acts out" emotional and/or physical pains

Rolfing-intense body manipulations designed to realign the skeleton; structural integration involving deep manipulation of the body's connective tissue (collagen)

10b.) MOVEMENT FOCUS DERIVED FROM MARTIAL ARTS

Kum Nye-series of exercises involving self massage and various physical positions and related meditational techniques

Tai Chi-system of graceful movements

10c.) APPROACHES FOCUSING ON LARGE-SCALE BODY MANIPULATIONS, PARTICULARLY SPINAL READJUSTMENTS

Chiropractic-derived from Osteopathy, considered more holistic, including nutrition, hydrotherapy, irridology and colon irrigation

Napropathy-derived from both Chiropractic and Osteopathy, involves spinal and joint manipulations

Osteopathy-series of body manipulations with a focus on spinal readjustments

10d.) APPROACHES FOCUSING ON SMALLER-SCALE BODY MANIPULATIONS

Acupressure (finger pressure therapy)-system involving relationship between the internal organs and vital points on the body; disorders are relieved by applying finger pressure to correct vital points in order to re-balance the body's energy flow

Applied Kinesiology-system involving the charting of muscle reflexes and their effect on corresponding organs, includes muscle testing, nutrition and use of acupressure and massage techniques to strengthen weak muscles

Myotherapy (trigger point therapy)-based on the theory that most muscular pains have a particular trigger point which causes the muscle to go into a spasm so that pressure applied to the correct trigger point allows the muscle to relax and the pain subsequently to lessen or disappear

Polarity-based on the theory that a magnetic field directs the body systems of muscles, glands and nerves; involves body work manipulation techniques, mostly the gentle application of pressure to sensitive contact points, to release energy blockages in the body; system also includes nutrition, stretching exercises and a focus on reorienting attitudes

Reflexology-similar to Acupressure and Myotherapy, with a focus on massaging reflex points in the feet and hands

Therapeutic Touch-system of very gentle contact with the body promoting healing of various disorders, based on the theoretical viewpoint that touch facilitates beneficial biochemical effects in the body

10e.) MASSAGE ORIENTATIONS

Amma-similar to Shiatsu and Swedish, involves pressing on vital points of the body with fingers, elbows, knuckles and feet to improve the flow of circulation (energy) between the skin and internal organs

Chua K'a-involves rolling of the skin in long vertical strokes to remove cellulite in order to increase circulation and the skin's elasticity

Kahuna- derived from Amma and Shiatsu, pressure being applied on vital points of the body with the balls of the feet

Physiotherapy-derived from Swedish, employs machinery to facilitate movement of the body parts following injury

Pros Kauer Massage-involves very light touch with an emphasis on the individual's breathing rhythm in relation to the massage process

Shiatsu-derived from Amma, involves pressing of vital points on the body and energy meridians firmly with fingers, thumbs and palms to improve the flow of the body's energy (ki)

Swedish Massage-traditional massage involving stroking and kneading of the body

Trager Massage-very gentle massage techniques involving shaking and rotation of body parts

11.) NUTRITION AND DIET-maintaining balanced nutritional intake and increasing anti-stress nutrients when undergoing stress

12.) ENVIRONMENTAL MANAGEMENT OF STRESS-involving the control of color, humidity (negative ionization), lighting, shapes and sound

HANDOUT 7

JOHN MCMANUS

RELAXATION TECHNIQUES

COGNITIVE (MIND)- AFFECTIVE- BEHAVIORAL FOCUS

1.) COGNITIVE-BEHAVIORAL APPROACHES-focus on concrete behavioral definitions and measurement of effectiveness; include a variety of techniques in physiological, cognitive-affective and behavioral areas

Egs. of techniques:
- Assertiveness
- Behavior Modification
- Behavioral Rehearsal
- Cognitive Restructuring
- Coping Skills Training
- Covert Modeling
- Covert Reinforcement
- Covert Sensitization
- Problem Solving
- Rational Emotive Therapy
- Stress Inoculation
- Systematic Desensitization
- Thought Stopping

2.) MORE TRADITIONAL PSYCHOTHERAPEUTIC APPROACHES

Egs. of types:
- Client-Centered Therapy
- Gestalt Therapy
- Psychoanalysis
- Transactional Analysis

3.) LESS TRADITIONAL PSYCHOTHERAPEUTIC APPROACHES

Egs. of types:
- Focusing (set of internal behaviors facilitating increased wellness)
- Human Potential Movement (increasing sensitivity of self through group dynamics and interactions with others)
- Jungian Psychology (dreamwork)
- Logotherapy (paradoxical intent)
- Metaphysics (reprogramming beliefs through affirmation)
- Re-evaluation Therapy (co-therapy with a peer)

4.) TIME MANAGEMENT-prioritizing tasks and balancing time (life style planning)

5.) COMMUNICATION SKILLS

External Focus (eg., Active Listening)
Internal Focus (eg., Dialogueing, Journal Records)

6.) VALUES CLARIFICATION-group and individual techniques for understanding one's personal values, beliefs, attitudes and behaviors better

7.) SELF HELP APPROACHES

Bibliotherapy-wellness education through reading
Friendship, Networking-social support system development
Helper Therapy Principle-helping self through helping others, focusing on individuals and mutual support groups
Rewarding Self-accentuating the positive
Self Improvement Classes/Talks/Workshops

8.) RECREATION/ESCAPE APPROACHES

Egs. of activities: Gardening, Caring for Plants or Pets
Healing Laughter
Listening to Music
Recreational Reading
Self Nourishment Through Play, Games and Hobbies
Sleeping
Taking Breaks, Naps, Recreational Walks
Talking to Friends
Television, Movies, Plays, Concerts, Sports Events
Vacation
Warm Baths
Watching Sunrise or Sunset
Window Shopping
Withdrawing from Stressful Situations

9.) EMOTIONAL RELEASE/SHARING APPROACHES

Egs. of activities: Crying or Shouting
Physical Contact (hugging, sex, touching)

HANDOUT 8

JOHN MCMANUS

RELAXATION TECHNIQUES

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